



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301

Roger A. Seigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

PRODUCERS----ADJUSTERS----BUSINESS ENTITIES

USE THIS FORM TO REQUEST CHANGES TO ADDRESS INFORMATION

Instructions: Download this form and send completed form via regular mail to the above address, Attention Licensing Division; e-mail to: producerquestions@ins.nh.gov; fax to (603) 271-7029. Please help us insure accurate records. Complete all sections even if it has not changed.

Licensee Name_____

SSAN _____

License type_____

NH License Number _____

Current Residential physical address (not a Post Office Box)

Street _____

City/Town _____

State and zip code_____

Current Business Address

Business Name_____

Street _____

City/Town _____

State and zip code_____

Your preferred mailing address for correspondence from us

Street/rural route/postal box _____

City/Town _____

State and zip code_____

Licensee Signature _____

Date_____